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Navy & Marine Corps Medical News (MEDNEWS)
#97-14
Apr. 3, 1997

This service distributes news and information to
Sailors and Marines, their families, civilian employees, and
retired Navy and Marine Corps families. Further
dissemination of this e-mail is encouraged.

Headlines this week include:

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MN97118 Marines Test New Eyeglass Look
Camp Lejeune, NC-Marines who wear glasses may take on a
new look soon, thanks to the Navy's "Frames of Choice"
eyeglass program.

The "Frames of Choice" (FOC) program was kicked off
within the Navy several months ago after field tests to
determine what frames Sailors found the most desirable.
Recently, Marines have been given the green light to
participate in the FOC program, but they're also trying out
spectacles developed especially for them for use in the
field.

A team of specialists from the Navy Ophthalmic Support
and Training Activity (NOSTRA) in Yorktown, VA, fitted
almost 350 Marines from the 2nd Battalion, 6th Marine
Regiment and the 1st Battalion, 2nd Marine Regiment, both at
Camp Lejeune, NC, with a prototype frame. The frame is made
of a lightweight, durable metal coated with a black matte
finish so that it won't reflect light.

Once the Marines put the glasses on, those in charge of
the field-and-wear tests want them to keep them on - in the
field, on liberty, in their barracks.

"The understanding is that they wear the glasses as
much as possible," said HMC(AW/FMF) George Hoover, one of
the field test coordinators.

Coordinators and the Marine Corps want to check on the practicality of the new glasses, which are definitely more modern-looking than the heavy, durable black or brown plastic-framed glasses.

Hoover said the Marines field testing the glasses will be surveyed every 30 days for their opinions about the prototype frames regarding durability, wearability, stylishness, and other factors.

If the frames pass muster, Marines will use them in the field, and have their other set of FOC glasses for other occasions.

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MN97119 Telemedicine Comes To Rescue In Rota

Rota, Spain-Imagine your two year old son has a fever of 104 and has just been diagnosed with a complicated case of pneumonia.

Now imagine you're 4,000 miles from home - as are the pulmonology medical specialists your son needs.

Now you know how ABH3 Alfred Gonzales and his pregnant wife felt when their youngest son, Sergio, was diagnosed with an unusual case of pneumonia at the U.S. Naval Hospital Rota.

CAPT Rio Rita Maano, MC, Sergio's pediatrician, hospitalized the youngster and prescribed antibiotics, but when his fever failed to break and X-rays showed no change after the sixth day, she sought consultation with a pulmonology sub-specialist in Washington, DC.

LT Leo P. Kupper, MSC, director of management information in Rota contacted CDR Richard S. Bakalar, MC, head of telemedicine at National Naval Medical Center (NNMC) in Bethesda, MD, to arrange a video teleconference (VTC) to discuss this unusual case.

Maano wanted a VTC because of the urgent evaluation and treatment needed for her patient. "The most valuable element was being able to display the X-rays and discuss the evolution and modify treatment," said Maano.

Within two hours Maano in Rota was teleconferencing with Bakalar and Army COL Harlan Patterson, MC, the chief of pediatric pulmonology at Walter Reed Army Medical Center in Washington, DC.

Less than 36 hours after starting the new treatment recommended by Patterson, Sergio began to improve.

"The medical VTC expedited care in facilitating medical information exchange and a modification in medical treatment," said Bakalar.

A follow up medical VTC was arranged and included another specialist, Air Force MAJ S.M. Priciota, MC, a pediatrician of infectious disease from the Uniform Services University of Health Sciences in Bethesda, MD.

"I think this technology is great. It's the best thing that could happen. It saved us heartache because we did not have to move him," said Gonzales.

Sergio has completely recovered from his pneumonia.

By Kimberly Allen, Bureau of Medicine and Surgery

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MN97120 Once-In-A-Lifetime Diagnosis Triggers Cross-Country Search

Fallon, NV-The minute the patient walked in the door, LT Merritt W. Dunlap, MC, the senior medical officer at Branch Medical Clinic (BMC) at Fallon, was suspicious.

There was no doubt the 21-year-old college student was sick. He'd been running a high temperature for more than three days, and his throat was very sore. A look in his mouth revealed his throat was covered with a grayish membrane, a clue that whatever ailed his patient was more than a "typical pharyngitis." His patient hadn't been to any place more exotic than Florida in the last several months, and it appeared from his medical record that he was up-to-date on his inoculations, although he was due for a "booster."

Despite the circumstantial evidence to the contrary, Dunlap suspected diphtheria, a disease he'd never had a chance to see first hand since it was so extremely rare.

"There are only about two reported cases per year of diphtheria in the United States, and I had a strong suspicion that this was one of them," said Dunlap.

Dunlap immediately called the pharmacy for diphtheria antitoxin.

"The pharmacy's reply was one of 'you want what, when?'" said Dunlap. "They'd probably never had a request for diphtheria antitoxin in their careers."

The first thing the pharmacy staff did was get on the phone, calling every hospital within a 60 mile radius, but they had no luck. Then, HM2 Teresa Meisenhalder, a technician in the pharmacy, called a local immunization clinic in town, which referred her to the Nevada State Health Division Bureau of Disease Control, which then put Dunlap in touch with the Center for Disease Control (CDC) in Atlanta, GA. The CDC helped him locate a supply of the medication in their storehouse in San Francisco, and flew the antitoxin to Fallon immediately, free of charge.

Three days later, when the tests came back from the CDC, Dunlap's diagnosis proved right on - his patient had diphtheria.

Dunlap said he suspects the effectiveness of his patient's inoculation might have worn off, making him susceptible to the disease, so he provides these words of advice to parents, patients and health care providers alike:

"Keep your immunizations up-to-date!"

By the way, Dunlap's patient is doing fine.

By LCDR Richard Gonzales, MSC, BMC Fallon and Jan Davis, Bureau of Medicine and Surgery

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MN97121 Americans Help Americans During Arctic Care `97
Alaska-More than 120 Naval medical and dental

Reservists - armed with scalpels, dental floss and stethoscopes - invaded ten villages in Alaska.

Physicians, dentists, medical technicians and optometrists along with veterinarians, pilots, and engineers from the Navy and other services converged upon the Yukon-Kuskokwim Delta recently for Operation Arctic Care '97 as their annual two week training.

"It was Americans helping Americans while at the same time getting the required annual and cold weather training and conducting a military operation other than war," said LT Pedro Rivera, MSC, Arctic Care's medical planner.

The joint service exercise sent health care teams of ten people to ten villages scattered throughout the region. The teams were comprised of a family medical doctor, dentist, optometrist, corpsmen, and three support Marines.

"Most of these villages are traditional native communities with 90 percent native Yup'ik or Chupik Eskimo, and they only speak their native language," said MAJ Steven Morgan, operations officer for the Marine's 4th Force Service Support Group. Bilingual native clinical workers in each village broke down the language barrier by translating for patients.

Operation Arctic Care '97 provided health care for 4,600 patients, which ranged from orthopedic care to pediatric care, from surgery to audiology.

In addition to Naval Reserve personnel, participants included Reserve and active duty personnel from the Marine Corps and Air Force; Air and Army National Guards; U.S. Public Health Service; and various Alaskan government agencies.

"The responses I received from everyone ... is that this has been the best training they've ever been on," said CDR Dennis Bash, MSC, officer-in-charge of Arctic Care '97. By SSGT Joe Jascur, U.S. Marine Forces Reserve
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MN97122 Snakes, Mosquitoes And "Doc" Earn Marines' Respect

Australia-Matthew Johnson is a Hospital Corpsman, not a doctor, but members of the Third Marine Regiment with Tandem Thrust 97 call him "Doc."

And even though Johnson is a Sailor, not a Marine, members of the Third Marine Regiment consider Doc " ... one of the few."

Johnson, attached to the regiment in Kanehoe Bay, HI, is the assistant preventive medical representative, responsible for keeping "his" Marines healthy during this year's an annual exercise held in and near Australia. This year's exercise takes place in Shoalwater Bay Training Area in Queensland, where many of the most deadly snakes, poisonous spiders, and disease-carrying mosquitoes and ticks in the world thrive.

"The regiment spent a lot of time prior to leaving Hawaii learning to identify dangerous animals and insects," said Johnson. "We learned how to best prevent bites from

mosquitoes, ticks and mites."

Johnson is also key in laying the ground work for some medical detective work that will take place when the regiment returns home.

"We took blood samples before traveling from Hawaii to Australia," said Johnson, "which will be compared with other samples when they return from Tandem Thrust. By comparing the two samples, we will hopefully be able to determine if any were infected with disease during the training period."

"We hope to study and learn to treat diseases for prevention and cure," said Johnson. "We want to be able to protect our Marines from harmful diseases. As their 'doc,' I want to bring my Marines home healthy."

By JOC Denny Banister, Naval Reserve Office of Information Detachment 518

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MN97123 DOD Cancer Patients Gain Access To New Therapies

Washington, DC-TRICARE/CHAMPUS-eligible patients will gain access to new cancer therapies under an agreement between DOD and the National Cancer Institute.

The agreement provides TRICARE/CAMPUS patients with access to clinical trials through a nationwide network of 2,000 comprehensive and clinical cancer centers, community hospitals and practices and DOD treatment facilities. Institute-sponsored clinical trials helped care providers evaluate new treatment approaches for adult and pediatric cancers.

CHAMPUS, currently undergoing a name change and conversion to fall under TRICARE, will cover therapy costs for eligible cancer patients who enroll in Phase II and Phase III cancer institute clinical trials.

"This is an important commitment by DOD because it provides cancer patients with more choices for their treatment and it promotes the development of improved cancer therapies," said Dr. Stephen Joseph, assistant secretary of defense for health affairs. "TRICARE/CHAMPUS-eligible individuals can now take advantage of some of the most promising treatments science has to offer."

Eligible patients first must have their physicians confirm with Palmetto Government Benefits Administration (PGBA) CHAMPUS, the DOD contractor serving as national point of contact for the program, that the proposed trial meets the terms of the demonstration project and gain authorization to begin treatment.

To learn about PGBA CHAMPUS requirements, call (800) 779-3060.

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MN97124 Jacksonville's Partnership In Education Honored

Jacksonville, FL-Naval Hospital (NH) Jacksonville was recognized by the Florida Department of Education recently for its Partners in Education program with Wilkinson Junior High School.

The hospital received the Commissioner's Business Recognition Award at an awards ceremony hosted by the Walt Disney World Company at Epcot Center in Orlando.

More than 400 partnership programs were nominated for the award, and NH Jacksonville was one of only fifty recipients.

The hospital received a plaque from Florida's Commissioner of Education, Frank T. Brogan, who praised the hospital for its "contributions, creative programs, initiatives and dedication to accelerate education in Florida."

According to HM1 JoAnn Simmons, the hospital's personal excellence partnership program coordinator, volunteers are also helping out at other local schools as well.

"We are currently working with three schools in the Jacksonville area. Each week, ten to twenty Naval Hospital staff members volunteer their time to the students of these schools."

Haselberger added that the participating hospital staff members feel they are also greatly benefiting from the opportunity to work with the students.

By HM3 Chris J. Hintz, NH Jacksonville Public Affairs

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MN97125 TRICARE Question and Answer

Q. I live in the central United States. Where can I call for information about TRICARE?

A. TRICARE Region 7, which includes New Mexico (excluding Yuma), Arizona, Nevada, and southwest corner of Texas), and TRICARE Region 8, which includes Colorado, Utah, Wyoming, Montana, the southern part of Idaho, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa and Missouri began providing services April 1, 1997.

To call for information about TRICARE service in those regions, call toll free 1 (888) "TRIWEST" (874-9378).

Additional information on TRICARE is available on the Department of Defense (Health Affairs) homepage on the World Wide Web at www.ha.osd.mil.

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MN97126 Healthwatch: Caffeine: Grounds for Debate

Portsmouth, VA-Caffeine is a mildly addictive substance that stimulates the central nervous system. The effects of this stimulant differ for each individual, depending on factors such as the quantity consumed, whether that quantity was taken all at once or over time, and the tolerance level the user has developed to caffeine.

Most people develop a tolerance quickly. Caffeine may increase blood pressure, raise blood cholesterol, and cause irregular heartbeats for those who are unaccustomed or sensitive to its use. In addition, excessive intake of caffeine - four or more cups of coffee a day - have been known to produce side effects such as dizziness, agitation, restlessness, headaches, intestinal discomfort, diarrhea,

and insomnia.

In the United States, coffee consumption represents 75 percent of all caffeine consumed, soft drinks 15 percent, and 10 percent from tea, chocolate, and medication. Caffeine can show up in common cold medications, allergy pills, diet pills, headache remedies, and even sometimes as a flavoring agent in baked goods, frozen desserts, and puddings. The average amount of caffeine in commonly consumed foods include: coffee-100mg/cup, tea-50 mg/cup, cola drinks-35 mg/12 oz., and chocolate-6 mg/oz.

But caffeine isn't all bad. It temporarily reduces muscular fatigue, increases speed and efficiency of mental and manual tasks, and can even stimulates creativity.

"One cup of coffee gives me a quick pick up in the morning, and another after lunch seems to help carry me through the rest of the afternoon. Many staff members at the hospital appear to have similar coffee consuming habits," said HM1 James McGowan of Naval Medical Center (NMC) Portsmouth, VA.

Caffeine, at doses equivalent to one cup of coffee, raises the metabolic rate slightly for a couple of hours. If a person wanting to lose weight could refrain from making up this energy deficit with food, these small changes in the metabolic rate (75-100 calories/day) could lead to a substantial weight loss.

Athletes can improve their endurance and make work-outs seem easier with moderate caffeine consumption (equivalent to 2-3 cups of coffee) one hour before exercise. Caffeine facilitates release and utilization of the body's fatty acids as a source of energy exercise. Thus, muscle glycogen is saved for later stages of prolonged aerobic events. Caffeine-containing beverages, due to their diuretic effect, should be used in addition to other fluids, not as a substitute.

Research studies that identify caffeine as a health concern are not conclusive. In fact, many studies linking caffeine to disease are criticized for not being scientifically sound and not considering real-life caffeine-consumption. As research continues to investigate caffeine's impact on health, limiting caffeine intake 200-300 mg. per day is suggested. Also, the Food and Drug Administration recommends that pregnant and breast feeding women limit their caffeine even more, or avoid them completely.

By LTJG Chris Moore, MSC, NMC Portsmouth, VA

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail mednews@bms200.med.navy.mil, telephone 202/762-3223 DSN 762-3223, or fax 202/762-3224.

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